



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 November 2019



Orchardville House

Type of Service: Residential Care Home
Address: 12 Orchardville Avenue, Belfast, BT10 0JH
Tel No: 02895043150
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 32 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Mr Martin Joseph Dillon	Registered Manager and date registered: Miss Caroline Campbell – acting manager since June 2018.
Person in charge at the time of inspection: Caroline Campbell	Number of registered places: 32
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 21

4.0 Inspection summary

An unannounced inspection took place on 21 November 2019 from 08.30 to 16.30 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, induction, training, fire safety, dignity and respect, dining experience and activities.

Areas requiring improvement were identified in relation to care records, infection prevention and control, reporting of notifiable incidents and the environment.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Campbell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records were examined which included:

- staff duty rotas from 11 to 21 November 2019
- staff training records
- seven induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 16 March to 20 November 2019
- a sample of monthly monitoring reports
- RQIA registration certificate
- a sample of policies
- staff appraisal and supervision matrix
- fire risk assessment for 14 December 2018
- minutes of staff meetings 27 June and 11 September 2019
- minutes of residents meetings 8 June and 9 September 2019.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: Second time	The registered person shall ensure all staff complete all mandatory training.	Met
	Action taken as confirmed during the inspection: Review of the mandatory training matrix for all staff confirmed that training had been completed.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime. A pictorial menu with text should be considered.	Met
	Action taken as confirmed during the inspection: A pictorial menu with text was observed to be displayed for all residents and their representatives to see.	

Area for improvement 3 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority.	Not met
	Action taken as confirmed during the inspection: Review of records evidenced that this area for improvement had not been met. An area for improvement under The Residential Care Homes Regulations (Northern Ireland) 2005 has been made. Refer to Section 6.3 for details.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager was present on the day of inspection and confirmed that staffing levels were maintained to meet the care requirement of residents in the home. This was also confirmed following discussion with staff on duty. Review of the duty rota from 11 to 21 November 2019 assured us that planned staffing levels were achieved regularly.

Staff were observed caring for residents in an unhurried manner and those spoken to assured us they have received the appropriate training to support residents and keep them safe. Review of staff training records also confirmed this.

Questionnaires were provided for residents and those who visit them to give their views on staffing levels but none were returned.

Corridors and fire exits were free from clutter and obstruction. Records confirmed that an up to date fire risk assessment was in place. Staff advised us that they had received fire training and this was also evidenced from a review of training records. Records of fire drills showed that drills had been carried out and a planned date was in place for staff who still required this training.

The home's environment was clean tidy and warm throughout. Communal rooms were welcoming and residents were seen to be comfortable and relaxed. Bedrooms were personalised and comfortable but required hand towels, liquid soap, paper towels and bins to enable staff or residents to wash their hands and dispose of the paper towels correctly.

In addition a number of other issues relating to infection prevention and control measures (IPC) were identified as follows:

- hand sanitising gel was not provided throughout the home
- personal protective equipment (PPE) such as aprons and gloves
- single use wash creams
- wheelchairs were stored in bathrooms where there was a toilet
- commodes were left in the communal corridor to be cleaned.

An area for improvement was made.

We also saw that residents’ bedrooms did not have bedside lights and some of the bedroom furniture was in need of repair. An area for improvement was made.

Staff told us they had received an induction when they commenced their posts. Review of induction records confirmed this to be accurate. Records also evidenced that a system was in place to monitor that staff were registered with the Northern Ireland Social Care Council which is a requirement for all social care staff.

Staff confirmed they had completed all mandatory training including safeguarding adults. Staff had a good knowledge on how to report concerns about residents or staff practice. This was confirmed on inspection of the training records.

A falls audit was completed on a monthly basis to identify any patterns or trends. The audit tool required actions and outcome to be recorded. Following discussion with the manager a section was immediately added to record actions and outcomes.

We reviewed three residents care records which evidenced that holistic care planning, risk assessments, monthly and daily evaluations were not completed for all residents’ assessed needs. An area for improvement was made.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control, care records and the home’s environment.

	Regulations	Standards
Total numb of areas for improvement	1	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the manager and staff confirmed that all residents had the right care provided at the right time in the right environment.

We spoke to one visiting professional. They complimented staff on their timely and effective communication in relation to care. Care records confirmed that staff were in regular contact with other professionals. Two residents also spoke positively about the care provided and confirmed that they were “well looked after” and care was “very good”.

Other residents who were unable to express their views were relaxed and comfortable in the home during the inspection. Staff and residents were seen to be chatting in a friendly manner with staff observed to be providing care appropriately to the individual residents as needed.

Staff described the individual care needs of the residents and showed a good knowledge of the residents’ dependency and personal preferences.

Observation of the lunch time meal confirmed that residents were provided with a variety of nutritious food. Residents who requested a change from the lunch time meal were provided with a variety of alternatives. Residents enjoyed their meal and staff were on hand to assist with serving the meal. Residents described the food as being “very good”. Staff spoken with were knowledgeable about residents’ dietary needs and were able to describe how to modify food for those residents who required this.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Residents were seen to be consulted about their choice and care throughout the day. This was apparent when staff asked residents about their choice of meals, snacks and drinks. There was a choice of menu available for all residents and they were asked about their individual preference. Residents were also seen to be offered the choice of where they ate their meals including the dining room or their own rooms.

Residents were asked if they wanted to take part in the music activities planned for the day and they were observed to make decisions and this was respected by staff.

Residents meetings were held and records showed that they were well attended by residents and staff.

Resident records were stored securely to maintain confidentiality.

Residents were seen to be treated with dignity and respect throughout the inspection and a staff member told us “I love to put a smile on everyone’s face”.

We also provided questionnaires for residents and their families; none were returned.

Any comments from residents or their relatives after the inspection will be shared with the manager for her information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Interaction between the manager and staff was observed to be relaxed and respectful. For example staff and the manager discussed residents care and the daily activities and plans for the day. Staff said they felt supported by the manager and that they all worked well as a team.

A culture of individual resident focused care was evident in the home. The manager was visible and interacting with staff and residents throughout the day.

A sample of governance records were reviewed to assure that systems were in place to regularly review the quality of care and services provided to residents. For example, care plan, infection prevention and control and falls audits were noted to be carried out on a regular basis. However, following the audits action plans were not put in place to address the identified deficits nor the timescale for the action to be completed. An area for improvement was made.

The record of notifiable events was inspected. It was evident that we had not been notified in line with regulations. Details were discussed with the manager and an area for improvement was made.

The responsible individuals' monthly quality monitoring reports were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed.

Staff were invited to provide comments via an online questionnaire. None were received.

Areas for improvement

The following areas were identified for improvement in relation to the audit process and reporting notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Campbell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection through the provision of hand towels, liquid soap, paper towels and bins where care is delivered to enable handwashing to take place; hand sanitising gel throughout the home, use of toiletries and PPE and equipment storage.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Bins have been placed in all residents' bedrooms. Paper hand towels and dispensers, towel holders, liquid soap dispenser's and hand sanitising gel dispensers have been ordered. Staff continue to use their individual hand sanitisers prior to and following delivery of personal care. PPE storage dispensers have been removed from the toilets and bathrooms and fitted outside all toilets and bathrooms. Staff have been reminded to ensure that after use in the bathroom, residents' individual toiletries are returned to and stored in their bedroom.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Staff have been advised that all unwitnessed falls must be treated as a potential head injury and advice sought from a medical professional. These incidents will be reported to RQIA via the portal and the manager will audit compliance. The manager will audit compliance with reporting.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that residents have holistic care planning, risk assessments and monthly and daily evaluations completed for all assessed needs.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been advised to ensure that all care, including care of time-limited or a short-term nature will be included in residents' care plans.</p>

	The records will detail the type of care and treatment being delivered, the effect and outcome. The manager will audit compliance on a monthly basis.
Area for improvement 2 Ref: Standard N1 Stated: First time To be completed by: March 2020	The registered person shall ensure that furniture in residents' bedrooms is repaired or replaced and a bedside lamp is provided. Ref: 6.3 Response by registered person detailing the actions taken: The Inspector was advised during the inspection that the Manager had identified the need for repair of residents' bedroom furniture and had discussed this with the Assistant Services Manager to progress. A Minor works Request Form has been completed detailing the furniture to be repaired in residents' bedrooms. A sample of suitable bedside lamps is being sourced and residents and carers will be involved in testing and choosing these.
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that the actions and outcomes of audits of working practices are documented and completed. Ref: 6.6 Response by registered person detailing the actions taken: The Manager has reviewed and improved the monthly accident and incident audit tool to support a robust analysis of all accidents and incidents. This will support and evidence the identification of patterns and trends and an action plan will be completed to address these and detail outcomes as a result.

Please ensure this document is completed in full and returned via Web Portal



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